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Colorectal Cancer Committee Meeting #2
July 1, 2002, 3-5pm
201 W. Preston St, Rm L-2
MINUTES

#### **⇒Introductions and Announcements**

- •Committee members were asked to introduce themselves by name and affiliation.
- •Town Hall Meetings: will take place this summer around Maryland and will address cancer issues in our local communities. Committee members were asked to help disseminate the flyer and invite colleagues, staff, and other contacts to attend.
- •Consensus Conference: will take place on October 16, 2002 from 8am-4pm. This is a FREE event which includes breakfast and lunch. This will be the first public announcement of the final reports from each subcommittee. Formal programs will be mailed July 29, and registration will be open from August 1 September 30, or until capacity has been reached.
- •Member inquiry regarding end of life and pain management issues.
- •Discussion regarding the press around President Bush's colonoscopy—good in that it highlighted colonoscopy; confusion regarding how often patients should be screened; later comments that the press might have been negative by emphasizing his sedation and transfer of power to VP Chaney.

# ⇒ Presentation of Current CRC Activities, Cigarette Restitution Fund Program (Marsha Bienia)

- •The Annual Report is available to anyone who is interested and reports statistics on seven cancer sites and related public health interventions.
- •Funding is given to each county and in turn, each county is required to form a coalition and choose a cancer site(s) to focus on. All jurisdictions except the City have chosen colorectal cancer as their focus in the first two years of the grants.
- •The CRC programs within each local health department vary by what screening method is used, whether they can provide funds for treatment and hospitalization, and what percent of the poverty level they are serving. All are conducting some type of outreach and education, especially to minority groups.
- •The CRC Medical Advisory Committee has developed Minimal Elements Guidelines for use by the local health departments. This document lists the recommended screening methods for Maryland programs; health departments have incorporated these Elements into their contracts with providers who do the screening.

## **♦ National CRC Programs/Activities (Diane Dwyer)**

- •The CDC has a program entitled "Screen for Life" which includes videos and public service announcements.
- •The American Cancer Society has begun a media campaign using "Polyp Man".
- •The American Gastroenterological Association has a program (Digestive Health Initiative, Public Outreach Campaign)
- •Maryland legislation requires that all insurers cover colorectal cancer screening in accordance with ACS guidelines. Discussion regarding the 5 options for screening under the current ACS guidelines.
- •Discussion regarding reimbursement and cost-effectiveness of CRC screening. Member suggestion that perhaps we need to advocate for the development of a less risky, less expensive screening strategy. Suggestion to have a speaker address research and future directions at a future meeting.

### **⇒**Brainstorming

- •Committee members were given time to write responses to the question: "In order to decrease the incidence and mortality from colorectal cancer in Maryland, and to decrease racial disparities, what are the big needs that should be addressed in our comprehensive cancer plan?"
- •Nominal Group Process was used to capture responses and responses were categorized by target: patient, provider, organization, or community. Responses will be tallied, and process continued next meeting.

⇒Next meeting: July 15, 2002, 3-5pm; DHMH, Room L-2